

**CITY OF CARLSBAD – SENIOR CENTER
PRESENTATION/EVENT PROPOSAL**

Speaker's Name: _____

Phone: _____

Exact Event Title	Date	Event Hours		Room Location Preferred		
		From	To	Art Studio	Dance Studio	Auditorium

Maximum number of participants: _____.

Information you would like to see printed in the Carlsbad Senior Center Newsletter and media releases.
(Please be clear, concise, and explain the event content).

What handouts, brochures, or other materials are you providing?

Are you conducting drawings, or having give-aways? Please explain below.

What room set-up style do you require: __ Classroom, __ Theater, or __ Other?

(If other set-up style is required, please draw rough draft in the box below.)

x= chair, small rectangle = 6' table, small square= card table

Do you need:(check if needed)

TV/VCR _____
Lectern _____
P.A. system _____
Projection Screen _____
Coffee maker _____
Table for your _____
Refreshments/Handouts _____

Signature: _____

Date: _____